

April/May 2003

**Information Update
from
the Office of the Chief, Medical Corps**

The following information is submitted for your information. Additional information can be obtained by contacting the Office of the Chief, Medical Corps (202-762-3060/3063/3062/ DSN: 762-3060/3063/3062). Please disseminate this information as widely as possible.

1. **Physician Licenses:** All physicians MUST have a valid state license. Military licenses and training licenses are not permitted. Failure to maintain a valid state license can result in loss of bonuses, clinical privileging, and dismissal from training. Please stress to your physicians that they must have a license within one year of completing their internship. All interns should have completed USMLE by the time they complete their internships. Interns that have failed USMLE Part II or III should notify their detailer IMMEDIATELY. The Navy can no longer operationally exempt GMOs from having a state license. All GMOS without a license must be under a 100% Plan of Supervision. Please remind your clinical providers to update their credentials file with their current licensing information. Information regarding privileging and licensure is contained within BUMED INST 6320.66D, Credentials Review and Privileging Program, located at: <http://navymedicine.med.navy.mil/instructions/external/6320-66d.pdf>
2. **Post Deployment Health Assessments:** The DoD has enhanced its post deployment health assessments. All individuals returning from deployments MUST be given a face to face post deployment assessment by medical personnel. Within 30 days of leaving the theater of operations, they will have a blood sample placed into the DoD Serum Repository for archival use. Commanders are responsible for complete redeployment processing of their personnel and helping each individual to make a smooth, post-deployment transition, according to DoD guidelines. Because deployment health concerns often evolve over time, commanders are to encourage their returning service members to visit with health care providers to address all deployment related health concerns. Further information regarding the DoD force health protection program can be found at <http://www.pdhealth.mil/main.asp> and at BUMED Deployment Health: <http://www-nehc.med.navy.mil/prevmed/epi/depsurv.htm>
3. **Returning Command Members:** As the hostilities in Iraq wind down, our deployed personnel will soon start coming home. Medical Department leaders need to be sensitive to the impact their experiences have had on them as individuals. Those who deployed as part of an established unit will have the benefit of returning home with a group of people who shared similar experiences and supported each other. There will be others who did not deploy as a group from a command, and will not have the same measure of support and affirmation. A change in a person's demeanor and thinking is normal when faced with the abnormal conditions of war. All returnees will need your understanding and listening ear. Stay attuned to their needs. In preparation for their return, check on what resources are available. Family services, chaplains, and mental health all can provide much needed help. Don't forget that it is going to be difficult for families, too. Families have learned to live without the active duty member and may resent the active duty person taking back their prior roles and/or taking away some of the new found independence of their families. There may be resentment from the command members who DIDN'T deploy but instead were left to pick up the slack at the command. They may feel less valued, if their "sacrifices" are not recognized. The entire command and community will struggle to reintegrate. Patience and understanding as well as just listening will be important. The CO, XO and senior leadership will be extremely important to help modulate everyone's need for attention and recognition. Having presentations on what happened in Iraq and at home will help everyone to put things into perspective and understand what each group went through.
4. **Highlight the Contributions of Operational Providers:** PAO's have done a great job of documenting the contributions of Fleet Hospital, Devil Docs, and the COMFORT to the

medical effort in Iraq. Unfortunately, the operationally based providers don't get as much recognition. We have medical department members who serve and have served as Flight Surgeons and Field Docs, Corpsmen, Nurses, Psychologists, Prev Med, etc. at the TIP of the Spear and don't get noticed because they do their job so well, we take them for granted. Please take the time to recognize their efforts!

5. **Nominations wanted for "Courage to Teach" Award:** The Accreditation Council for Graduate Medical Education (ACGME) is accepting nominations for the 2004 Parker J. Palmer "Courage to Teach" awards, presented each year to 10 to 15 residency program directors for their dedication to teaching and mentoring medical residents. Program directors, administrators, faculty and residents are encouraged to nominate program directors with innovative teaching programs and a commitment to graduate medical education. Palmer was a sociologist, educator and author who developed a model education program for teachers of physicians. Nominations are due by June 16. For more information and application forms, go to <http://www.acgme.org/palmerAward/palmerAward.asp>.

6. **BUMED Special Pays Offices Relocated:** Special Pays personnel moved to temporary spaces for up to 6 months while their permanent relocation spaces are being prepared. Their new FAX number is: COMM 202-762-0919, DSN 762-0919. Please pass this to your command special pays coordinators. The telephone numbers of staff members have not changed. LCDR Heilman can be contacted at 202-762-3357 and Ms. Gaston can be contacted at 202-762-3397.

7. **Personnel Changes at BUMED:** ADM John Mateczun will assume the Chief of Staff position when ADM Al Diaz retires in the next several weeks. ADM Philip VanLandingham has taken over as M3M, Medical Operations Support, and will continue to be the Head of Homeland Security and the Corps Chief for the Medical Service Corps. CAPT Michael Mittleman, currently CO at Okinawa will take over as the Executive Assistant for VADM Cowan when CAPT Rick Welton leaves to become the CO at Naval Hospital Camp Lejeune. CAPT Joe Defeo, M3F3, Director Readiness Division, is detaching to become the 6th Fleet Surgeon. CAPT Murray Norcross will take his position. CAPT Marcia Krasicky assumed the position of Deputy to the Chief, Medical Service Corps when CAPT Gail Goff retired. CAPT Barton Welbourn will become the Deputy to the Chief of the Dental Corps upon CAPT Peter Lynch's retirement.

8. **Establishing a Pay Record:** In order to establish a pay record, the following must be received at BUPERS Code 822:

- a. Officer's Oath of Office form (the form they sign to accept their rank) for their current rank and for their rank as an Ensign if coming from an HPSP or USUHS accession program.
- b. G-02 Form (this is a form that PSD initiates which essentially says that the officer has checked on board).
- c. Copy of the officer's DD-214 (Discharge Paper) if the officer had prior active duty service.

The above documents must be faxed to BUPERS Code 822 at 901-874-2622. Please ensure that there are current contact numbers and/or e-mail address(es) to contact the officer should there be any questions by the BUPERS staff. The Point of Contact at BUPERS for questions is Ms. Brenda Johnson at 901-874-3241/ DSN: 882-3241.